

**NOTICE OF PROCEEDINGS CONCERNING  
NORTH AMERICAN INDIAN CHILD**  
Michigan Department of Human Services

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Grantee Name					
Grantee Client ID				DHS Case Number	
County	District	Unit	Section	Worker	Date
DHS Local Office					
Address					
City				State	Zip Code

In the matter of \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Tribal Affiliation: \_\_\_\_\_

The Department of Human Services, as petitioner in the above matter, gives notice to the parties identified below:

**Send the original to the Child's Tribe, retain a copy for the case file, send a copy to the court. SEND REGISTERED MAIL RETURN RECEIPT REQUESTED TO EACH:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Father or Indian custodian, if known, so state. Otherwise write "unknown". Include AKA aliases)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Mother or Indian custodian, if known, so state. Otherwise write "unknown". Include maiden and married name(s) and AKA aliases.)

ATTN: Indian Child Welfare Matter

(Specific Tribe, if known, so state. If multiple tribes identified, this Notice must be sent to each Tribe.)

\_\_\_\_\_  
\_\_\_\_\_  
Midwest Bureau of Indian Affairs  
One Federal Drive Room 550  
Fort Snelling, MN 55111-4007  
Re: Indian Child Welfare Matter

(Use when one of the above is unknown or multiple tribes identified or anytime the child's tribal identity is not clearly documented.)

**TAKE NOTICE:** A hearing will be held concerning the above named American Indian child on \_\_\_\_\_ Date

at \_\_\_\_\_ m. at \_\_\_\_\_  
Time Name of Court, Address, and Telephone Number

This hearing will concern ☐ a case in which removal from the parent or Indian custodian may be recommended.  
☐ termination of parental rights.  
☐ other \_\_\_\_\_

**Please provide me, as soon as possible, with written verification of the child's tribal status (i.e., enrolled/member, eligible for enrollment/membership, not subject to ICWA provisions, etc.).**

The potential outcome of the hearing in this proceeding, if there is no intervention by the child's parents, custodians or child's tribe, may be an order from the above named court authorizing the petition and placing the above named child in the care and custody of the Department of Human Services or the Michigan Children's Institute for out of home placement. The proceedings may also have consequences to your parental rights.

A copy of the petition and case related information are attached to this notice.

The biological parents or Indian custodian of the child, and the child's tribe have the right to intervene at any point in this proceeding. You also have the right to petition the above-named court to transfer this proceeding to the child's tribe's court. Either parent has the right to object to the transfer of the proceedings to a tribal court.

**If your tribe is not federally recognized**, you may petition to intervene, but it is up to the judge to grant or deny the petition. You may wish to contact another tribe or Indian organization for referral, consultation and/or possible intervention. Since custody proceedings are conducted on a confidential basis, you are requested to keep confidential all information contained in this notice.

You have the right to request an adjournment of this case for a period of up to 20 days to prepare for these proceedings. A request must be in writing and filed with the court named above, prior to the date now scheduled for hearing.

As a parent or Indian custodian, you have the right to a court appointed attorney if you cannot afford to hire your own. If you intend to request a court appointed attorney, you should contact the court immediately by telephone or in writing.

Each party has the right to examine all reports or other documents filed with the above named court. The recommendations are (enclosed/summarized below):

Please call me so that we may discuss the case plan and any services that you would like to offer to the child or family. If you need more information about the situation, feel free to contact me also. Your earliest response would be most appreciated.

Sincerely,

\_\_\_\_\_  
Caseworker's Name/Signature

(     )  
\_\_\_\_\_  
Telephone Number

Enclosures:     Petition with case related information

I certify that on this date I mailed by REGISTERED MAIL, Return Receipt Requested, a copy of this Notice to the parties at the addresses stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Printed Name

**CHILD'S BIOLOGICAL FAMILY HISTORY** (You **MUST** provide as much information as possible)

Child's Father
Date of Birth
Place of Birth
Date of Death
Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Tribe/Enrollment Number
Former Address(es):

Child Name
Date of Birth
Place of Birth
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Tribe/Enrollment Number

Child's Mother
Date of Birth
Place of Birth
Date of Death
Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Tribe/Enrollment Number
Former Address(es):

Paternal Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Tribe/Enrollment Number	
Address:	

Paternal Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Tribe/Enrollment Number	
Address:	

Maternal Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Tribe/Enrollment Number	
Address:	

Maternal Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Tribe/Enrollment Number	
Address:	

Paternal Great Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Paternal Great Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Paternal Great Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Paternal Great Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Maternal Great Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Maternal Great Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Maternal Great Grandfather	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Maternal Great Grandmother	
Date of Birth	Place of Birth
Date of Death	Place of Death
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	